

#### SUBOXONE AND BUPRENORPHINE PA SUMMARY

PREFERRED	Generic Buprenorphine, Suboxone sublingual tablets/films
NON-PREFERRED	Generic buprenorphine/naloxone sublingual tablets

**NOTE:** All products require prior authorization. These medications will hit a clinical PA edit as well as a PA edit for concurrent therapy with opioid analgesics that have been dispensed within the last 7 days.

## **LENGTH OF AUTHORIZATION:** 6 months

### PA CRITERIA:

- ❖ Approvable for the diagnosis of opioid dependence in members age 16 or older when prescribed by a DATA (Drug Addiction Treatment Act 2000) waived physician
- Subutex is only approvable for induction therapy, pregnant members, or when a physician submits documentation of an allergy to naloxone.
- ❖ Concurrent therapy of Suboxone or buprenorphine with opioids requires the prescriber to submit a written letter of medical necessity stating the reason(s) the member requires concurrent therapy with opioids.
- ❖ In addition to meeting the criteria above, generic buprenorphine/naloxone requires the prescriber to submit a written letter of medical necessity stating the reasons that the preferred product, brand-name Suboxone sublingual tablets or film, is not appropriate for the member.

#### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling Catamaran at 1-866-525-5827.

# **PA and APPEAL PROCESS:**

❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

## **QUANTITY LEVEL LIMITATIONS:**

❖ For online access to the current Quantity Level Limit please go to <a href="www.mmis.georgia.gov/portal">www.mmis.georgia.gov/portal</a>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.